

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005012

Entity Name: FAMILY CREDIT COUNSELING SERVICE, INC.

Current Principal Place of Business:

4304-06 CHARLES STREET
ROCKFORD, IL 61108

Current Mailing Address:

4304-06 CHARLES STREET
ROCKFORD, IL 61108

FEI Number: 36-4060853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name MCAULIFFE, MICHAEL J
Address 4304-06 CHARLES STREET
City-State-Zip: ROCKFORD IL 61108

Title VP, TREASURER, SECRETARY
Name SCHOMBURG, ELIZABETH
Address 4304-06 CHARLES STREET
City-State-Zip: ROCKFORD IL 61108

Title DIRECTOR
Name RUCKERT, RON
Address 1113 NORFOLK AVE.
City-State-Zip: WESTCHESTER IL 60154

Title DIRECTOR
Name PARLIN, CAROL
Address 3030 N BROADWAY
City-State-Zip: CHICAGO IL 60657

Title DIRECTOR
Name DELGADO-SERRANO, LOURDES
Address 530 NE GLEN OAK AVENUE
City-State-Zip: PEORIA IL 61637

Title DIRECTOR
Name MENDEZ, PEYTON
Address 2001 HUB GROUP WAY
City-State-Zip: OAK BROOK IL 60523

Title DIRECTOR
Name KLEPACKI, CATHERINE
Address 438 RIDGE STREET, NW
City-State-Zip: WASHINGTON DC 200014622

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL MCAULIFFE

PRESIDENT

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date